

LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at Wanda.Mitchell@ncmail.net, and to Spencer Clark, Chief's Office, Community Policy Management Section, at Spencer.Clark@ncmail.net. Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at Brenda.G.Davis@ncmail.net or (919) 733-4670, or to Spencer Clark at Spencer.Clark@ncmail.net or (919) 733-4670.

a. Name of LME Johnston		b. Date Submitted 3/19/09
c. Name of Proposed LME Alternative Service Jail Support: A Statewide Alt Service Definition YA349		
d. Type of Funds and Effective Date(s): <i>(Check All that Apply)</i> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08 <input checked="" type="checkbox"/> State Funds: Effective 7-01-08 to 6-30-09 </div>		
e. Submitted by LME Staff (Name & Title) Janis Nutt, PhD, Area Director	f. E-Mail Janis.nutt@johnstonnc.com	g. Phone No. 919-989-5500

Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an ***LME Alternative Service Request for Use of DMHDDSAS State Funds***.

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

Requirements for Proposed LME Alternative Service	
<i>(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)</i>	
Complete items 1 through 28, as appropriate, for all requests.	
1	Alternative Service Name, Service Definition and Required Components Provision of the following services to inmates of Johnston County Jail: clinical assessment; triage of needs for psychiatric consultation; consultation with jail personnel regarding management, particularly related to issues of suicide watch, dangerousness, and need for referral for more intensive psychiatric care; brief therapeutic interventions to reduce agitation and disruptive aggressive behavior; assistance in accessing psychiatric medications; facilitation of communication with psychiatrist regarding problems with medications; ; assistance in scheduling and assuring follow-up for psychiatric appointments or entrance into other therapeutic programs to address mental health and substance abuse issues after discharge from jail; informing LME Care Coordinators about consumers who may require more intensive services;
2	Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array <ul style="list-style-type: none"> • <i>Consumer special services need(s) outside of current service array</i> • <i>Special service delivery issues</i> See further explanation below
3	Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition: In 2007, the N. C. State Legislature directed LMEs work with the local health and sheriffs departments to provide psychiatric and related clinical services to inmates in local jails. Under the program that Johnston County Mental Health Center established to accomplish this directive, a licensed clinical professional goes to the Johnston County jail each day to screen inmates and provide limited treatment. Once per week, a psychiatrist from JCMHC goes to the jail to provide psychiatric and medication evaluations for inmates who have identified as needing these services. None of these services to inmates are covered by Medicaid, since Medicaid is suspended when a person is incarcerated.
4	Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one) <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input type="checkbox"/> Neutral (No CFAC Opinion) </div>
5	Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service Approximately 1200 inmates are projected to be evaluated per year.
6	Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service \$75,000

7	<p>Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply)</p> <p><u>Assessment Only:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> CMAO <input type="checkbox"/> AMAO <input type="checkbox"/> CDAO <input type="checkbox"/> ADAO <input type="checkbox"/> CSAO <input type="checkbox"/> ASAO</p> <p><u>Crisis Services:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> CMCS <input type="checkbox"/> AMCS <input type="checkbox"/> CDCS <input type="checkbox"/> ADCS <input type="checkbox"/> CSCS <input type="checkbox"/> ASCS</p> <p><u>Child MH:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> CMSED <input type="checkbox"/> CMMED <input type="checkbox"/> CMDEF <input type="checkbox"/> CMPAT <input type="checkbox"/> CMECD</p> <p><u>Adult MH:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> AMSPM <input type="checkbox"/> AMSMI <input type="checkbox"/> AMDEF <input type="checkbox"/> AMPAT <input type="checkbox"/> AMSRE</p> <p><u>Child DD:</u> <input type="checkbox"/> CDSN</p> <p><u>Adult DD:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> ADSN <input type="checkbox"/> ADMRI</p> <p><u>Child SA:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> CSSAD <input type="checkbox"/> CSMAJ <input type="checkbox"/> CSWOM <input type="checkbox"/> CSCJO <input type="checkbox"/> CSDWI <input type="checkbox"/> CSIP <input type="checkbox"/> CSSP</p> <p><u>Adult SA:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> ASCDR <input type="checkbox"/> ASHMT <input type="checkbox"/> ASWOM <input type="checkbox"/> ASDSS <input type="checkbox"/> ASCJO <input type="checkbox"/> ASDWI <input type="checkbox"/> ASDHH <input type="checkbox"/> ASHOM <input type="checkbox"/> ASTER</p> <p><u>Comm. Enhance.:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCEP <input type="checkbox"/> AMCEP <input type="checkbox"/> CDCEP <input type="checkbox"/> ADCEP <input type="checkbox"/> ASCEP <input type="checkbox"/> CSCEP</p> <p><u>Non-Client:</u> <input type="checkbox"/> CDF</p>
8	<p>Definition of Reimbursable Unit of Service: (Check one)</p> <p><input checked="" type="checkbox"/> Service Event <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Other: Explain _____</p>
9	<p>Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service</p> <p><i>Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?</i></p> <p style="text-align: center;">\$22.04</p>
10	<p>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service Medicaid rate for similar services</p>
11	<p>Provider Organization Requirements Licensed Clinical and psychiatric service availability on a daily basis</p>
12	<p>Staffing Requirements by Age/Disability All staff performing this service will be required to be a licensed mental health clinician with broad knowledge, skills and abilities required by the populations and ages to be served.</p>
13	<p>Program and Staff Supervision Requirements Supervision subject to specific licensure requirements.</p>
14	<p>Requisite Staff Training HIPAA/MH Confidentiality;</p>
15	<p>Service Type/Setting The service will be conducted at the jail, or, occasionally at a psychiatric clinic.</p>
16	<p>Program Requirements</p>

	Program services largely delivered face-to-face in the jail, with some telephone liaison and consultation.
17	<p>Entrance Criteria</p> <p>A recipient is eligible for this service when:</p> <p>A. Incarcerated at county jail</p> <p>AND</p> <p>B. The consumer is an identified Johnston County consumer of mental health, developmental disabilities, substance abuse services or has a history of these services</p> <p>OR The consumer is identified through uniform screening process as in need of further evaluation</p> <p>OR The consumer is identified by the Sheriff's Department as in need of further evaluation</p> <p>OR The consumer requests mental health consultation</p>
18	<p>Entrance Process</p> <p>Inmates identified as meeting the entrance criteria are offered mental health consultation. If the consumer consents to the evaluation, an initial clinical assessment of treatment needs is conducted. If the clinical assessment indicates the presence of a psychiatric disorder requiring clinical intervention, the recommendations are discussed with the consumer and the jail staff.</p>
19	<p>Continued Stay Criteria</p> <p>The consumer remains incarcerated at the local jail</p> <p>AND</p> <p>The consumer requires psychiatric services in order to maintain progress towards goals</p> <p>OR</p> <p>The consumer requires psychiatric services because the desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the Treatment Plan</p>
20	<p>Discharge Criteria</p> <p>The consumer is released from jail</p> <p>OR</p> <p>The consumer has achieved goals identified in the Treatment Plan, and does not require continued psychiatric services to maintain this progress.</p> <p>OR</p> <p>The consumer requests discharge</p> <p>OR</p> <p>The consumer requires a higher level of care.</p> <p>Approximately 40% of those seen in this Program are only seen for a 20 minute assessment, either because the inmate does not require further services or the inmate is released from the jail. 25% are seen over a 2-4 week period of time involving assessment, psychiatric referral, and medication management, requiring approximately 2 hours of clinician time. 25% are seen over a 6-month to 1 year period of time, requiring around 6 hours of time; approximately 10% require intensive interventions over a brief period of time totaling around 6 hours.</p>
21	<p>Evaluation of Consumer Outcomes and Perception of Care</p> <p>Expected Outcomes:</p> <ol style="list-style-type: none"> 1. Identify MH/DD/SAS consumers in the jail system, link these consumers to treatment resources to reduce recidivism. 2. Reduce # psychiatric crisis in the jail system (suicide, medical complications from untreated acute alcohol/drug withdrawal, assaultive behavior). 3. Inmate access to timely psychiatric care and medications.

	In addition to measures regarding engagement of offenders into treatment, recidivism, acute psychiatric crises, outcomes will be evaluated by surveys of community partners (the Sheriff's Department, court system), and consumer satisfaction surveys.
22	<p>Service Documentation Requirements</p> <ul style="list-style-type: none"> <i>Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?</i> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No", please explain.</i></p> <ul style="list-style-type: none"> Frequency: per event
23	<p>Service Exclusions</p> <ul style="list-style-type: none"> None
24	<p>Service Limitations</p> <p>None</p>
25	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</p> <p>Legislative Mandate</p> <p>The U. S. Department of Justice indicated in 2006 that 75% of females and 63% of males in local jails had mental health problems. JCMHC QA 2007 study revealed 58% of Johnston County jail inmates had previous history of treatment at JCMHC</p>
26	<p>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</p> <ul style="list-style-type: none"> Tracking of number served in by the program Tracking of recidivism to jail in an ongoing longitudinal study begun in 2008 Tracking of hospitalizations of those seen in the program after release Tracking of followup with referral for services after release
27	LME Additional Explanatory Detail (as needed)